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COUNTY BOROUGH OF WEST BROMWICH.



EDUCATION COMMITTEE.

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# Annual Report

UPON THE  
SCHOOL MEDICAL SERVICE

FOR THE

*Year ended 31st December, 1933.*

BY

J. YULE, M.D., D.P.H.,  
School Medical Officer.

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(26th of the Series).

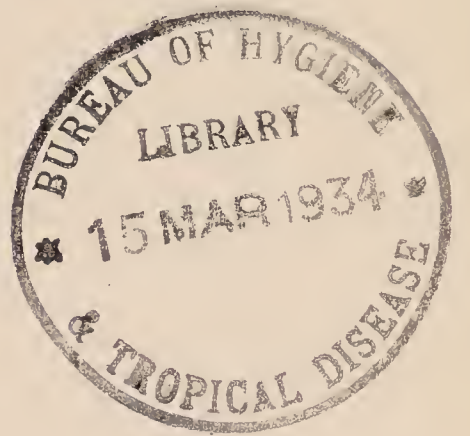
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# WEST BROMWICH EDUCATION COMMITTEE.

at 31st December, 1933.

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*Chairman—*

Alderman C. S. BACHE, J.P.

*Deputy-Chairman—*

Alderman J. BELL, J.P.

---

## ATTENDANCE AND MEDICAL SERVICES SUB-COMMITTEE.

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*Deputy-Chairman—*

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Councillor S. CRUMP.

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Mr. J. LAWLEY.

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*Director of Education—*

LEONARD G. ROSE, B.Sc.

## STAFF OF SCHOOL MEDICAL DEPARTMENT.

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<b>School Medical Officer</b>	...	...	J. YULE, M.D., Ch.B., D.P.H.
<b>Deputy School Medical Officer</b>	...	J. A. G. KEDDIE,	M.D., Ch.B., D.P.H.
<b>Assistant</b>	„	„	E. HUGHES, M.B., Ch.B., D.P.H.
<b>Consultant Ophthalmic Surgeon</b>			CHARLES RUDD, M.B.; Ch.B.
<b>„ Aural Surgeon</b>	...	F. BRAYSHAW GILHESPY,	M.R.C.S., L.R.C.P.
<b>Dental Surgeon</b>	...	...	MRS. E. R. HADLEY, L.D.S. (Edin.). (Till 31/12/33).
<b>School Nurses</b>	...	...	MISS C. TWIST (Superintendent). „ S. A. SMITH. „ M. W. POLE. MRS. L. A. BRYAN. MISS A. CLEGG. „ B. WEARING. „ F. McDONALD. „ C. KRETSCHMAN. „ H. ONIONS (Till 31/5/33). „ D. CATLIN (From 1/7/33).
<b>Clinic Nurses</b>	...	...	MISS B. E. FISHER. „ H. M. HAYES.
<b>Masseuse</b>	...	...	MISS E. FISHER.

### Clerical Staff.

<b>Clerk</b>	...	...	MISS D. BROMLEY.
„	...	...	„ G. M. LUPTON (Till 17/6/33).
„	...	...	„ R. I. TURNER.
<b>„ and Dental Attendant</b>	...	„	D. MATTHEWS.
„	...	...	„ M. ADAMS (From 19/6/33).

**SUMMARY OF WORK.**

	1932.	1933.
A. Medical Officers at Schools—		
Routine inspections at Elementary Schools ...	4,127	4,148
Routine inspections at Secondary Schools ...	374	399
Special inspections at Elementary Schools ...	214	170
Re-inspections at Elementary Schools ...	1,875	1,102
Re-inspections at Secondary Schools ...	79	29
B. Medical Officers at Clinics—		
Inspections at Clinics ...	2,961	3,882
Re-inspections at Clinics ...	3,585	3,526
Inspections under Employment of Children Bye-laws ...	18	1
C. Dental Officer—		
Routine inspections at Elementary Schools ...	8,189	7,503
Special inspections at Schools and Clinics ...	680	140
Attendances for treatment ...	4,921	4,742
D. School Nurses' Visits, etc.—		
Visits to Schools ...	805	787
Examinations in Schools (including cleanliness inspections) ...	46,281	43,788
Visits to Homes ...	1,538	1,254
Treatments of minor ailments in Clinics ...	24,415	21,045
Treatments of orthopædic defects in Clinic ...	2,358	1,987

**COUNTY BOROUGH OF WEST BROMWICH.****GENERAL INFORMATION.**

	1932.	1933. not available
Population (estimated mid-year) ...	82,210	
Elementary Schools (including Special Schools)—		
Number of Schools ...	22	21
Number of Departments ...	49	49
Number on Rolls ...	14,200	13,948
Average Attendance ...	13,192	12,695
Schools for Higher Education—		
Boys ...	1	1
Mixed ...	2	2
Number on Rolls ...	598	572

	1931-2.	1932-33.
Cost of School Medical Service—		
Total Cost (Net) ...	£3,504	£3,655
Government Grant ...	£1,752	£1,827
Cost to Rates ...	£1,752	£1,828
Product of a Penny Rate ...	£1,206	£1,229
Cost in terms of a Penny Rate ...	1.453d.	1.487d.



## SCHOOL MEDICAL SERVICE.

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*To the Chairman and Members of the  
Education Committee.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit to you my third Annual Report and the twenty-sixth of the series on the work of the School Medical Service.

Particular attention has been directed to certain items of interest, such as the state of nutrition of the children, and an investigation into the value of radiology in the diagnosis of heart disease, but so far as possible observations on routine matters have been curtailed. Nevertheless, statistics clothed with explanatory matter must of necessity form the basis of this medico-social record.

A perusal of the Report will show that, speaking generally, the health of the children has been satisfactory, and that much careful and painstaking work has been done. Measles and Mumps were epidemic in the first quarter and Scarlet Fever showed undue prevalence during the last three quarters of the year.

Once more I would draw the attention of the Committee to the necessity for an additional Dentist and more satisfactory Clinic accommodation in the Charlemont and Friar Park Areas.

It was with regret that, towards the end of the year, the resignation of Alderman J. E. Cox, from the chairmanship of the Education Committee, was received. He had been a member of the Committee since the inception of the School Medical Service in 1908, and had done much to encourage a forward policy in this branch of the Committee's work.

All the members of the staff of the School Medical Department have displayed enthusiasm in the performance of their duties, and as a result, the standard of efficiency has been high.

A special tribute in this introduction should be paid to the encouragement and help which the staff of the School Medical Department has received throughout the year from the teaching staffs of the Schools.

The Director of Education (Mr. L. G. Rose) and his staff, have provided much information for inclusion in this Report, and I desire to thank them for this, and for much sympathy and help in connection with this special branch of the Education Committee's work during the year.

I should like also to express my sincere appreciation of the courtesy and consideration which has been shown by you Mr. Chairman, Ladies and Gentlemen, to the School Medical Department throughout the year.

I have the honour to remain,

Your obedient servant,

J. YULE,  
*School Medical Officer.*

2, LODGE ROAD,  
WEST BROMWICH,  
February, 1934.

# REPORT.

---

## I.—STAFF.

Mrs. Hadley, the Dental Surgeon, resigned her appointment at the end of the year owing to ill-health. She had given excellent service over a period of 14 years.

The enforced absence of the Dental Surgeon rendered necessary the appointment of a *locum tenens*. Mr. B. David Britten, L.D.S., has held this appointment from September 13th.

Due to the prolonged illness of Miss Fisher, Miss C. Harris was appointed temporary nurse from June 1st till December 23rd.

Miss H. Onions resigned her appointment as Health Visitor and School Nurse on May 31st, and was succeeded by Miss D. Catlin.

Owing to marriage, the clerical staff was deprived in June of the services of Miss G. Lupton. By a slight re-arrangement of duties it was possible to fill the vacancy by a more junior appointment which was given to Miss M. Adams.

## II.—CO-ORDINATION.

The arrangements for the co-ordination of the School Medical Department with other Health Services and Voluntary Agencies in the Borough were given in detail in last year's Report and have continued on the usual satisfactory lines.

Towards the end of the year, with the consent of the Board of Education, the X-rays at Hallam Hospital were made available as an adjunct in the diagnosis of certain types of Heart Disease.

## THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

## III.—SCHOOL HYGIENE.

In accordance with the policy outlined in the Report for 1931, no systematic surveys of hygienic conditions in the schools were undertaken by the Department during the year. It is obvious that no good purpose would be served in making



recommendations as to hygienic conditions involving extensive financial outlay until the Committee has completed its comprehensive building programme of new schools.

One further and important step was taken in this direction by the opening of the Joseph Edward Cox School at the commencement of 1934.

The school accommodates a junior mixed department of 450 scholars in eight normal classrooms, one arts and crafts classroom, and one combined library and medical inspection room. This is the first instalment of a proposed school to include an additional 400 infants, and occupies two sides of a quadrangle.

The lay-out of the buildings is designed to conform with the latest practice in school construction.

The site occupies an elevated position on the side of a hill and secures abundant sunshine. Every inch of glass in the windows and doors of the classrooms can be opened in mild weather, and efficient ventilation is possible without draught.

The buildings are warmed by invisible radiant heat, which in the assembly hall is transmitted from the walls and ceiling. Features of the assembly hall include a dust-proof concealed lighting panel in stainless metal.

As foreshadowed in last year's Report, the following alterations were carried out in Spon Lane School, which was converted into a Senior School for boys and girls.

Two of the classrooms in the Girls' Department were converted for instruction in Science and Domestic subjects.

Additional lavatories were installed in both departments.

Four galleries were removed from the classrooms and the woodwork room transferred from the first to the ground floor.

The playgrounds for both departments were improved in shape and considerably extended.

New latrines and urinals were erected in the Boys' playground.

The above alterations necessitated extension to the Boys' Department in which provision has been made for a Science Room, a Science Preparation Room and an Art Room on the first floor; Woodwork Room, two Stores for Woodwork and Metal Rooms, Handicraft Room, Cloak Room and Heating Chamber on the ground floor.

A Report on the Sanitary conveniences at Black Lake, Greet's Green, Guns Village and Holy Trinity Schools was submitted towards the end of the year and the Committee has



given consideration to the recommendations made; it is anticipated that the work will be carried out during the present year.

No other improvements of a hygienic nature have been carried out in the schools of the Borough during the year.

#### **IV.—MEDICAL INSPECTION.**

The new medical schedules, letter code system of recording results, forms of notices to parents and following up registers have now been in use two years and the system is working smoothly and efficiently.

The other arrangements for medical inspection are similar to previous years. The three code groups, Entrants, Intermediates, and Leavers were dealt with. The number of visits to schools for the purpose of carrying out routine inspection was 195.

The figures relating to medical inspection are shown in Table I., page 37. The number of routine medical inspections was 4,148, which compares with 4,127 during 1932, and the number of special inspections and re-inspections fell from 8,992 in 1932 to 8,690 during 1933.

#### **V.—FINDINGS OF MEDICAL INSPECTIONS.**

The detailed figures relating to the number of defects found as a result of medical inspection are printed in Table II., page 38. The term "special" refers to medical examinations at either schools or clinics, of children presented for some reason other than for routine medical inspection. Practically all such cases were dealt with at the inspection clinics held two afternoons per week at the Central Clinic, one morning at Hamstead, and one morning at Charlemont.

It was thought that it might be of interest to compare the relative incidence of defects in West Bromwich with the country as a whole and also London. It must be remembered, however, that the personal equation of the examining Medical Officers has a considerable effect on such figures, and hard and fast deductions should not be made as to the relative state of health of the children in the Borough from the following table.

##### **Routine Medical Inspections.**

Percentage of children examined found to have defects requiring treatment (excluding dental diseases and uncleanness):—

Code Groups.	West Bromwich.			England and Wales, excluding London.	London.
	1931.	1932.	1933.	1932.	1932.
Entrants	18·9	16·7	18·3	18·0	16·9
Intermediates	20·2	22·7	22·7	20·3	18·5
Leavers	23·9	28·3	24·3	18·3	18·1
All Groups	20·7	22·5	22·0	18·8	17·9

(a) **Malnutrition.**

Much concern has been felt throughout the country lest the physique of the youth of the Nation should have suffered in any way due to the economic stress and consequent strain through which many have passed. It is obviously impossible to measure the indefinable with anything approaching scientific accuracy. However, it is important that any figures which may be regarded as an index should be watched with care.

It will be observed from Table II., page 38, that out of 4,148 children examined at Routine Inspections, 103, or 2·5% were found to be suffering from malnutrition compared with 85, or 2·1%, out of 4,127 inspected during the previous year.

Having regard to all the factors, such as prolonged ill-health, mal-assimilation, wrong feeding, etc., which exist even in normal times, and that malnutrition cannot be measured by sub-normal height and weight alone but must take account of such facts as lack of vitality, anæmia, etc., and varies according to the views of the medical inspector, it is evident that so far as West Bromwich is concerned there is no cause for alarm.

(b) **Uncleanliness.**

In view of the arrangements for routine cleanliness inspections by the nursing staff, figures showing the state of cleanliness at routine medical inspection are not given in Table II. A clearer conception of the work undertaken, and the findings at such surveys compared with 1932 will be obtained from a review of the following summary in conjunction with the figures given in Table IV., Group VI., page 42.

**Cleanliness Surveys.**

	1932.	1933.
Number of examinations of children	46,281	43,788
Number of individual children found unclean ... ..	1,940	1,746
Number of visits to Schools ...	223	215
Number of visits to Homes ...	322	315



It is satisfactory to be able to report, with regard to uncleanliness and verminous conditions in school children, that the position is materially improved. This must be regarded as gratifying, particularly having regard to the continued state of trade depression which West Bromwich, in common with the rest of the country, has experienced during the year.

**(c) Minor ailments and diseases of the skin.**

It will be observed from Table II., page 38, that 46 defects of this nature were found at Routine Inspections and 531 at Special Inspections. It is gratifying to note that ringworm of the scalp is now rarely found, but impetigo is still, unfortunately, rather prevalent.

**(d) Visual defects and external eye disease.**

Out of 4,148 children examined at Routine Inspections, 356, or 8·6%, were found to have squint or defective vision; 103, or 2·5%, had external eye disease.

**(e) Nose and throat defects.**

Details are shown in Table II., page 38. It will be observed that out of 4,148 children examined at Routine Inspections, 656 were found to have defects of this nature.

**(f) Ear disease and defective hearing.**

Details are shown in Table II., page 38.

**(g) Dental defects.**

A perusal of Table IV., Group V., page 42, shows that the dentist devoted 97 half days to inspection and inspected 7,503 children; of these, 5,150 required treatment. It is significant to note that only 140 "Specials" were dealt with compared with 680 during the previous year. This can be regarded as a satisfactory indication that a definite attempt is being made to discourage "casuals." Attention is also drawn to the fact that in three age groups only a very small number were dealt with, and in the age group, 5 years old, no children were inspected.

**(h) Orthopædics and postural defects.**

Forty-one cases of spinal curvature were discovered during the year. Practically all of these were postural defects of slight character and were recommended for remedial exercises.

**(i) Heart disease and rheumatism.**

Out of 4,148 children examined at Routine Inspections, 10 cases of organic heart disease and 79 cases of anæmia were discovered.

**(j) Tuberculosis.**

It will be observed from Table II. that 22 cases of either definite or suspected pulmonary tuberculosis and 16 cases of non-pulmonary tuberculosis were discovered as a result of routine or special inspections during the year. All of these were notified to the Tuberculosis Department for appropriate action.

**(k) Other defects and diseases.**

Details of the incidence of other defects are to be found in Table II.

**VI.—FOLLOWING-UP.**

Medical Officers, School Nurses, Head Teachers and Attendance Officers shared in the work of following-up defects.

The number of visits by nurses to homes in this connection was 939; in addition, 377 visits were paid to schools for the same purpose.

Furthermore, under the scheme for cleanliness inspections, nurses made 315 visits to homes, and carried out 5,629 re-examinations in schools. It is pleasing to be able to report that no legal proceedings were taken by the Education Committee in connection with cases of uncleanness.

The new form of following-up register has proved of extreme value in ensuring that once a defect is found every endeavour is made to correct it, if possible. Particular thanks are due to Head Teachers for the able assistance they have given in this matter. Ascertainment of a defect is of little value unless treatment is obtained at the earliest moment. This is preventive medicine in its truest sense.

**VII.—ARRANGEMENTS FOR TREATMENT.****(a) Malnutrition.**

All cases of malnutrition requiring additional nourishment falling within the Authority's income scale are recommended for free milk under the Scheme for Provision of Meals, details of which are given on pages 23 to 25.

**(b) Uncleanliness.**

Arrangements were similar to the previous year, whereby the worst cases are dealt with at the Cleansing and Disinfecting Station in Lombard Street West. During the year 5 cases were treated.



**(c) Minor ailments and diseases of the skin.**

The Education Committee provides treatment for minor ailments and skin diseases at the following centres:—

**THE CENTRAL CLINIC.**

Lombard Street West    Open Daily.

**SUB-CLINICS.**

Hill Top	...	...	Monday morning. Friday afternoon.
Boulton Road	...	...	Tuesday morning. Thursday morning.
Greets Green	...	...	Tuesday morning. Thursday afternoon.
Charlemont	...	...	Monday morning. Wednesday morning. Friday morning.
Hamstead	...	...	Friday morning.

Nurses carry out treatment at all the above Clinics. On Tuesday and Friday afternoons a Medical Officer attends at the Central Clinic, on Wednesday morning at Charlemont, and on Friday morning at Hamstead. The four Sessions each week at which a Medical Officer attends are combined Inspection and Minor Ailments Clinics.

No progress has been made during the year with the scheme for erecting a combined clinic for Maternity and Child Welfare, Tuberculosis and School Medical work in the Charlemont and Friar Park areas. It is hoped, however, that favourable consideration may be given to this matter at an early date as there are now over 14,000 residents in Lyndon Ward.

From Table IV., Group 1, page 40, it will be seen that 1,881 cases of minor ailments and 375 cases of skin disease were treated during the year, compared with 1,857 and 609 respectively during the previous year.

As an adjunct to this work there is a scheme approved by the Board of Education, whereby cases of ringworm of the scalp can be referred by School Medical Officers for X-Ray treatment to Dr. Black, 3, Westbourne Road, Edgbaston, Birmingham. Payment is made per case. No case was referred during the year.

**(d) Visual defects and external eye disease.**

An Ophthalmic Clinic is held at the Central Clinic 8 times during the year, at which cases of defective vision and special eye diseases are dealt with by the Ophthalmic Specialist. In

addition, the Deputy School Medical Officer carries out Refractions on one session per week at the Central School Clinic.

From Table IV., Group II., it will be observed that out of a total of 683 cases of defective vision and squint dealt with during the year, 665 accepted treatment under the Authority's Scheme. This compares with the previous years, as follows :—

1928.	1929.	1930.	1931.	1932.	1933.
170	383	512	540	587	665

During 1933, 485 pairs of spectacles were supplied under the scheme.

The treatment of external eye diseases is carried out at the Minor Ailments Clinics, and from Table IV., Group I., it will be seen that 252 defects were dealt with.

**(e) Nose and throat defects.**

Particulars were given in detail in last year's Report. During the year 154 cases were dealt with.

**(f) Ear disease and defective hearing.**

The arrangements whereby an Ear Clinic is held on Monday mornings at the Central Clinic, at which cases are seen by the School Medical Officer, was continued during the year: 134 children attended, of whom 56 were reported as cured. The total number of children treated for ear defects at the various clinics was 206.

The number of cases treated by Zinc Ionisation was 21, of whom 6 were cured.

**(g) Dental defects.**

A Dental Clinic is held each morning of the week and on Monday and Thursday afternoons at the Central Clinic. The Assistant School Medical Officer gives general anæsthetics for extractions on Saturday mornings.

The arrangement whereby on account of the distance from the Central Clinic, all children requiring dental treatment from St. Paul's School, Hamstead, were conveyed to and from the Clinic by Corporation omnibuses, was continued.

Details of work undertaken are set out in Table IV., Group V., page 42.

There are now approximately 14,000 school children in the Borough and if these are to be examined once a year during their school life this involves 126,000 inspections. At the present time only 8,000 inspections are being done, thus, it is obvious, without entering into the question of treatment, that it is impossible to tackle this problem in an effective manner until an additional dentist is appointed.

(h) **Orthopædic and postural defects.**

The arrangements whereby children suffering from crippling defects are treated at the West Bromwich and District Hospital were reported in detail in last year's Report. During the year 1933 the following cases were dealt with:—

	Boys.	Girls.
Number of Cases ... ..	22	20
Number of Out-Patient Attendances ...	32	39
Number of Children In-Patient ... ..	2	1
Number of Children on Massage Treatment	6	7
Number of Attendances ... ..	126	133
Number of Children X-Rayed ... ..	2	5
Number of Children fitted with irons, plaster cases, etc. ... ..	3	3

Under the previous arrangement the Authority accepted financial responsibility for two cases who received treatment at the Royal Cripples' Hospital, Birmingham.

A Remedial Exercises Clinic, at which the Masseuse attends, is held at the Central Clinic on three half days per week. The work undertaken, and the classification of defects are summarised herewith:—

SUMMARY OF WORK AT REMEDIAL EXERCISES CLINIC  
DURING 1933.

Number of Sessions ... ..	124
Number of Attendances ... ..	1987
Number of Patients, G.40, B.32 ...	72
Discharged ... ..	43
Left School or District ... ..	3
Remaining on Books ... ..	26

CLASSIFICATION OF DEFECTS FOR WHICH TREATMENT WAS  
UNDERTAKEN.

Spinal:—

Kyphosis ... ..	21
Scoliosis ... ..	7
Lordosis ... ..	3
	— 31
Torticollis ... ..	1
Mouth Breathers and Defective Speech	19
Old Infantile Paralysis ... ..	2
Flat Foot ... ..	3
Hemiplegia ... ..	3
Paresis ... ..	3
Knock-Knee ... ..	2
Miscellaneous ... ..	8
	—
Total	72
	—



**(i) Heart disease and rheumatism.**

A special inquiry by Dr. Hughes into the value of radiology in the diagnosis of Heart Disease appears on page 32.

The special clinic was conducted during the year on the lines set out in last year's Report; the cases attending were classified as follows:—

		Cases.		Attendances.	
		B.	G.	B.	G.
(1) Rheumatic pains or Arthritis:					
(a) with heart affection	... ..	22	16	31	24
(b) without heart affection	... ..	10	18	10	23
(2) Rheumatic Chorea:					
(a) with heart affection	... ..	1	5	1	5
(b) without heart affection	... ..	1	9	1	11
(3) Rheum. Carditis, without (1) or (2)					
above	... ..	5	4	5	4
(4) Congenital Heart Disease	... ..	6	12	6	13
(5) Functional Heart Disorder	... ..	2	1	2	1
(6) No Rheumatism or Heart Disease or					
Disorder	... ..	23	16	23	21
Totals		70	81	79	102

**(j) Tuberculosis.**

During the year 14 school children received treatment at the Tuberculosis Pavilion, Heath Lane. In addition, the following children were treated at the West Bromwich and District Hospital under the Orthopædic Scheme.

	Boys.	Girls.
Number of Cases	2	1
Number of Out-Patient Attendances	10	1
Number of Children X-Ray'd	2	—
Number of children passed to Woodlands Hospital for In- Patient Treatment	—	1

**(k) Treatment by Artificial Sun-light.**

An Ultra-violet Light Clinic is held in the Anti-Tuberculosis Dispensary at the Health Department, Lodge Road. Maintenance charges are borne jointly by the Tuberculosis, Maternity and Child Welfare, and Education Committees, thereafter each Committee contributes according to actual usage based on the number of exposures.



Treatment is administered by the Tuberculosis Sister who is in charge of the Clinic. The Medical Officer of Health attends on Wednesday afternoons, when all new cases are seen and cases under treatment reviewed.

Cases referred by School Medical Officers, except cases of tuberculosis, are treated on Monday, Wednesday and Friday afternoons.

The following table indicates the conditions for which treatment was given and the progress made.

SUMMARY OF WORK AND RESULTS OF TREATMENT AT ULTRA-VIOLET LIGHT CLINIC DURING 1933.

Number on Register on 31st December, 1932	...	24
Admitted during 1933	... ..	59
Discharged during the year	... ..	63
Number on Register, 31st December, 1933	...	20
Number of attendances made	... ..	1598

Defect.	Cured.	Much Imp.	Impd.	No Imp.	Un-suit-able.	Failed to attend.	Referred to Hallam Hospital.
Alopecia ... ..	7	5	—	—	—	1	—
Anæmia ... ..	—	1	1	—	—	—	—
Bronchitis ... ..	1	—	—	—	—	—	1
Bronchial Catarrh ... ..	—	—	1	—	—	—	—
Cervical Adenitis ... ..	—	—	6	—	—	1	—
Debility ... ..	1	7	20	—	2	3	1
Impetigo ... ..	1	—	—	—	—	—	—
Malnutrition ... ..	—	—	—	—	1	—	—
Rickets ... ..	—	—	1	—	—	—	—
Septic Sores ... ..	1	—	—	—	—	—	—
	11	13	29	—	3	5	2

VIII.—INFECTIOUS DISEASES.

There has been no alteration during the year in the arrangements for the control of infectious diseases in schools.

The arrangements for immunisation against Diphtheria were given in last year's Report. No application from parents was received in the case of school-children. In connection with the control of Diphtheria, 133 throat swabs taken from school children were examined bacteriologically by your Medical Officers, and of these, 14 were positive.

The following table shows the incidence of the Notifiable Infectious Diseases during the four quarters of the year. The table refers to school children only. The subjoined part of this table, giving figures for Non-notifiable Infectious Diseases, is compiled from the Weekly Sickness Returns sent in by Head Teachers.

Incidence of Infectious Diseases.

Disease.	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total 1933	Total 1932
Scarlet Fever ... ..	17	62	68	68	215	103
Diphtheria ... ..	1	—	3	16	20	24
Erysipelas ... ..	—	—	1	—	1	3
Pneumonia ... ..	13	10	3	4	30	30
Enteric Fever ... ..	—	—	—	—	—	1
Encephalitis Lethargica	—	—	—	—	—	1
Poliomyelitis ... ..	—	—	—	1	1	—
Measles ... ..	615	197	29	4	845	203
Whooping Cough ... ..	17	11	61	98	187	102
Chicken-Pox ... ..	66	96	57	87	306	392
Mumps ... ..	766	598	54	10	1428	294
Influenza (including colds)	3378	1191	1006	2250	7825	6767

It will be noted that Measles and Mumps assumed epidemic proportions during the first quarter and Scarlet Fever was unduly prevalent during the last three quarters of the year. It was found necessary to issue certificates under Article 23b of the Education Code in respect of the following Departments:—Hill Top Infants' for the weeks ended January 13th, 20th and 27th—Bratt Street Infants' for the week ended March 3rd, and Black Lake Infants' for the weeks ended March 17th and 20th.

Mortality in School Children.

The table printed below is of interest; it deals with the causes of death of children between the ages of 5 and 14 years—until they are exempt from attendance at School.

Causes of Death in School Children, 1933.

Disease or other Cause.								Number	Percentage of deaths from all causes	
Common Infectious Diseases	{	Measles	...	...	...	...	...	1	3.1	18.8
		Scarlet Fever	...	...	...	...	...	—	—	
		Diphtheria	...	...	...	...	...	4	12.5	
		Whooping Cough	...	...	...	...	...	1	3.1	
Tuberculosis	{	Pulmonary Tuberculosis	...	...	...	...	...	1	3.1	3.1
		Tuberculous Meningitis	...	...	...	...	...	—	—	
		Other forms of Tuberculosis	...	...	...	...	...	—	—	
Respiratory Diseases	{	Bronchitis	...	...	...	...	...	—	—	15.6
		Pneumonia—all forms	...	...	...	...	...	5	15.6	
		Other Respiratory Diseases	...	...	...	...	...	—	—	
Diseases of Ailmentary Tract	{	Kidney Disease	...	...	...	...	...	—	—	9.4
		Appendicitis	...	...	...	...	...	3	9.4	
		Gastro-Enteritis	...	...	...	...	...	—	—	
Violence	{	Drowning	...	...	...	...	...	3	9.4	15.6
		Traffic Accidents	...	...	...	...	...	2	6.2	
		Burns	...	...	...	...	...	—	—	
Rheumatic Heart Disease		...	...	...	...	...	...	4	12.5	12.5
Other Defined Diseases		...	...	...	...	...	...	8	25.0	25.0
Total								32		

This compares with 22 deaths in 1932.



### **IX.—OPEN-AIR EDUCATION.**

There are no Open-air Schools in the Borough, but in the schools recently erected provision has been made in certain rooms either by means of special windows or doors to convert the rooms into the semi open-air type. This arrangement obtains at the George Salter, Charlemont and Joseph Edward Cox Schools.

In some cases instruction is given during the summer months in the school playgrounds or in adjacent parks, where possible.

With reference to School Journeys and Camps, there is no scheme run by the Committee but Head Teachers conduct School Journeys during the summer term restricted to one day or a week-end, and in some cases, arrange camps for a week during the mid-summer vacation.

### **X.—PHYSICAL TRAINING.**

The following report has been received from the Organisers of Physical Training:—

#### **“(a) General.**

In reviewing the past year, the Organisers feel that in general work, Physical Education within the Borough is making satisfactory progress towards an all round good standard. There are, however, certain sections where the training is not so effective as it might be. The publication of the Syllabus of Physical Training in October, 1933 (and the well attended Teachers Classes referred to below) will, it is felt, be of considerable help to all Teachers responsible for Physical Training. The Syllabus is so framed as to enable scholars to exercise within their own physical capacities, and the work in Part II. is considerably enlarged.

In the Autumn and Spring, 1932-1933, classes for Men and Women Teachers in Senior Schools were arranged and well attended. On October 20th, the Board of Education published the Syllabus of Physical Training for Schools; classes were arranged and are still in progress for Men and Women Teachers in the Junior and Senior Schools, and approximately 90 Teachers have enrolled.

The introduction of the exercises and agilities to the scholars necessitates a thorough understanding of the object of the training, and the effect on the children concerned.

The question of Posture has always been an important one, and is the basis of good and bad teaching, and a careful watching of the children in and about school. Suitable seating accommodation within the school is important—frequent correction of incorrect sitting positions by class teachers is a necessary part of successful postural training.

To carry out the activities outlined in Part II. of the Physical Training Tables, a plentiful supply of small and cheap apparatus is required. It is a pleasure to report that certain teachers have exercised considerable ingenuity in adapting available apparatus for the Physical Training lessons. The centralisation of apparatus within the schools is the most economic and efficient one. A general apparatus box, to which all classes have access, is strongly recommended in all departments.

At present, the progressive training between the Junior and Senior children is not so marked as it should be. The free standing and agility movements by senior scholars should show a definite progression in control and performance. It is hoped that portable gymnasium apparatus in senior departments will be provided at an early date.

As a general principle outer garments are removed for the out-door lessons. There are still cases where children are allowed to wear scarves, caps and even gloves. It is impossible to exercise proficiently if the movements are hampered by tight garments and top clothing. The physical condition of the scholars must be taken into consideration and exceptional cases treated on their merits.

(b) **Swimming.**

The swimming season for scholars opened on the 1st May, and, we are pleased to report, was brought to a satisfactory and safe conclusion on the 28th July.

The far-seeing policy of the members of the Education Committee in allowing 100% more boys and 50% more girls to attend for swimming instruction, has been fully justified and repaid as the results show:—

SECTION “ A ” (LEARNERS).

542 boys and girls were taught to swim up to one length.

SECTION “ B ” (GRADE CERTIFICATES).

511 Grade Certificates were awarded to Boys and Girls who were able to swim distances from 50 yards to one Mile—with various strokes.

BOYS' SECTION: “ Kenrick ” Swimming Shield.

All Saints' Boys' School.

GIRLS' SECTION: “ Helen Caddick ” Shield.

Lodge Estate Girls' School.

A detailed report on the swimming scheme was submitted to the Education Committee in September, 1933.



**(c) Dancing.**

The formation of a local centre of the English Folk Dance Society has been the means of forwarding the work and interest in the schools. The performances by the children show a much wider and bigger understanding of the English Folk and Country Dances. The simple movements are definitely beneficial to the general deportment and carriage of the growing child. It is hoped that the Dance Centre will continue to grow and be the means of providing the teachers with the technique and inspiration necessary to the successful teaching of this branch of Physical Education.

**(d) The West Bromwich Schools' Sports Association.**

This association is steadily increasing its sphere of activity, and under a strong set of officers its influence is growing.

In July, the association conducted the second Annual Swimming Gala with successful results. The work of organising such an important gala is an important one.

For the first time for many years, the West Bromwich Horticultural Show did not hold the usual annual function, and as a result, the Sports' Association decided to conduct its own Schools' Athletic Meeting. The Dartmouth Cricket Club kindly allowed the use of the cricket ground, and two very successful sports days were held in September. These open days bring parents and officers in contact with the work of the schools and good relationship is established.

**(e) Conclusion.**

In conclusion, we desire to record our appreciation of the valued co-operation of Head Teachers and Assistant Teachers in all phases of Physical Education; to the Director of Education our cordial thanks are due for many helpful suggestions, and to his Staff for their assistance in many ways.

WINIFRED V. STEEL.

ALBERT F. PROBST.

Organisers of Physical Education."

**XI.—PROVISION OF MEALS.**

The scheme inaugurated, with the consent of the Board of Education, on October 1st, 1932, for the supply of milk to under-nourished necessitous school-children, has continued in operation throughout 1933.

The arrangements designed to secure the efficient working of the scheme and which were outlined in last year's Report,

have proved to be very satisfactory. In addition, one of the Medical Officers, at three-monthly intervals, re-examines each child who is in receipt of milk in order to determine the degree of progress which may have been made and to decide the question of further continuance of supply.

On December 31st, 1933, 166 children were receiving milk under the scheme, as compared with 132 on the corresponding date in the previous year.

It is to the credit of West Bromwich Mothers that in these difficult days only in rare instances does one meet with a child of sub-normal nutrition in the case of whom the condition is definitely traceable to a general lack of nourishment.

It is fairly certain that this fortunate state of affairs has only been reached, in some cases at least, by much self denial on the part of the parents. There are, however, a certain proportion of cases in which malnutrition can be attributed to faulty mode of living, in which the following factors predominate.

1. Faulty food habits due to irregular meals, and insufficient allowance of time in which to digest food.

2. Fatigue and nervous irritability closely associated, in many cases, with late hours and loss of sleep.

As one would expect, the presence of these two factors in the case of some of those who receive milk, prevents the optimum benefit being derived from the supply. Nevertheless, it is certain that the provision of the milk is advantageous in some degree to all the children who are dealt with.

That this is so, is obvious from a study of the weight and height records, in the compilation of which the head teachers show keen co-operation.

Gain in weight and height and, more particularly, an approximation to the weight-height ratio which is normal for the age and sex of the child in question are important, yet as has been previously stated, one must not lose sight of the fact that the state of nutrition of each child embraces a great deal more than a consideration of these two factors. Improvement in nutrition of a large number of those in receipt of milk was evidenced by the development of a more clear and healthy colour of the mucous membranes, of an improved muscle tone and of a more keen mental acuity.

Furthermore, the scheme has to its credit an indirect but most valuable feature. The consumption of milk is far below



what is desirable and the scheme provides an excellent opportunity to draw the attention of the parents to the importance of milk as a food, especially as an article of diet for children.

In addition, most of the Head Teachers conduct a voluntary scheme for the provision of an appropriate drink during the morning and afternoon recesses.

## **XII.—CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES.**

### **(a) Co-operation of Parents.**

The continued and increasing appreciation of parents in the efforts of the School Medical Service for the welfare of their children, is clearly manifest from the fact that 67·8 per cent. attended at Routine Medical Inspections. There appears to be a definite desire on the part of parents to have defects, to which their attention has been drawn, corrected.

### **(b) Co-operation of Teachers.**

Once again the greatest tribute must be paid to the invaluable assistance rendered by teachers to the School Medical Department. The success of the work of any School Medical Service depends on the support of teachers to an extent which is only fully realised by those connected with that service, and it is pleasing to find that the support accorded in West Bromwich is of a most cordial nature.

#### *1. Medical and Dental Inspections.*

Much careful help has been rendered by Head Teachers to the Medical Officers, Dentist and Nurses in ensuring that these inspections run smoothly, and that the parents and children are admitted to the Medical Officer and Dentist in a systematic manner. In this way is the goodwill and co-operation of the parent engendered, the examination carried out with efficiency, and valuable school time saved.

#### *2. Following-up.*

The painstaking work undertaken by Teachers to encourage parents to have defects corrected is referred to in another part of this Report.

#### *3. Medical and Dental Treatment.*

There is still a tendency on the part of some Head Teachers to regard the Clinic as being solely concerned with minor ailments. The Clinic, when Medical Officers are in attendance, is also an Inspection Clinic, viz., open to give advice to Teachers and Parents in a very large variety of cases, even although there is no facility for the treatment of certain of these cases at the Clinic.

**(c) Co-operation of School Attendance Officers.**

The School Attendance Officers continue to prove of great assistance in many directions. Lists of cases of long absence from school are submitted periodically throughout the year and these have proved of the greatest help in bringing to the notice of the Department certain cases of exceptional children for the purpose of Table III.

**(d) Co-operation of Voluntary Bodies.**

During the year the Cinderella Club has rendered valuable assistance to the Department by sending 19 necessitous cases to convalescent homes.

The Poor Children's Welfare Society has given noteworthy assistance by sending 2 cases to the North of England Children's Sanatorium, Southport, during the year. In addition, this Society has distributed 1,677 pairs of boots to necessitous children, making a total of 6,777 pairs since the Society was registered in 1925. In accordance with existing arrangements, distributions were continued during the year at the Central Clinic, Lombard Street West.

The Rotary Club assisted by arranging week-end Camps during the Summer months. Six of these were held in a field off Green Lanes, Great Barr and sixteen of the poorest boys from our Public Elementary Schools attended each of these camps.

The National Society for the Prevention of Cruelty to Children has continued to give valuable assistance to the School Medical Department in many cases, and it has always been the experience that the efforts of Inspector Pine, of this Society, have not been in vain.

### **XIII.—BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.**

The number of children within the scope of the above definitions is printed in Table III., page 39. The Table shows the position at 31st December, 1933, and the children referred to are resident within the Borough or are maintained at the expense of the Education Authority in Special Schools or Institutions outside the area.

**(a) Ascertainment and Disposal.**

This work has continued on the usual lines during the year.

*Blind Children.*

One girl and one boy are maintained by the Education Authority in the Royal Institution for the Blind, at Birmingham.



*Deaf Children.*

There are 9 cases of total deafness, 5 boys and 4 girls—all of whom are maintained by the Education Authority in the Birmingham Royal Institution for the Deaf and Dumb.

*Mentally Defective Children.*

Formal examinations as to Mental Deficiency were carried out in 39 cases, and 50 were re-examined; the findings at these examinations were as follows:—

	1st Exam.	Re-Exam.
Imbeciles—Notified to Local Control Authority ... ..	4	—
Feeble-minded and Physically Defective	1	1
Low-grade Feeble-minded—notified to Local Control Authority ... ..	1	2
Feeble-minded ... ..	16	47
Dull and Backward ... ..	14	—
Normal ... ..	3	—
Totals	39	50

Of the 22 children shown in Table III. as being at no school or institution, 18, having attained the age of 14 years, had left school, of these, 7 boys and 9 girls had obtained situations, while 2 who are unfit for, or unable to obtain situations, remain at home under supervision. Of the remaining four, two boys being totally unfit for public elementary school, one by reason of severe crippling and one suffering from epilepsy, were recommended for Special Residential School, one boy remains at home under supervision after discharge from the Special Day School—and one girl is temporarily excluded from Public Elementary School and waiting admission to the Junior Practical School.

*Epileptic Children.*

The 1 boy and 3 girls shown at no school or institution, remain at home under parental supervision.

*Tuberculous Children.*

Of the 7 children shown as “ at Certified Special Schools ” and “ at other Institutions ” at the 31st December, 1933, 2 were in the Borough Sanatorium, 1 in Hallam Hospital, 1 in Lord Mayor Treloar’s Sanatorium, and 3 in the Woodlands Certified Hospital School.

*Delicate Children.*

It should be noted that this group of 218 contains the majority of children who, in ideal circumstances, should be accommodated in open-air schools.

### *Crippled Children.*

Of the 2 children shown as being in Special Schools, 1 is maintained by the Authority at the Halliwick Cripples' Home, London, and 1 at the Heritage School of Arts and Crafts, Chailey. One girl is in the West Bromwich and District Hospital for operative treatment. Two boys, shown as at no school or institution, suffer from very severe crippling which renders them unfit for any but a Special Residential School.

### **(b) Supervision of Mentally Defective Children not in Special Schools.**

It will be observed from Table III. that 22 presumably educable mentally defective children are at no school or institution, particulars of these cases are given under the heading, "*Mentally Defective Children.*"

Miss Marke who held the appointment of Home Supervisor and Petitioning Officer under the Mental Deficiency Act and Education Committees, resigned her appointment in July and was succeeded by Miss Rountree.

Most of the time of this Officer is devoted to Statutory cases under the Mental Deficiency Act Committee.

The following Table shows the after-careers of children who have passed through the Special Day School for Mentally Defective Children.

	Boys.	Girls.
Number in employment ... ..	3	6
Number at home—suitable for occupation centre ... ..	2	—
Number at home—no special occupation	4	3
Number transferred to Barr Park Colony ... ..	3	2
Number waiting admission to Barr Park Colony ... ..	—	1

### **(c) Special Schools.**

#### *Junior Practical School*

This School is held in premises hired from the Trustees of the Baptist Chapel, and has accommodation for 50 pupils.

At the end of 1933 there were 28 boys and 22 girls on the roll. During the year 12 children have been removed from the register, and 12 new pupils admitted. Of the leavers 5, who received permission to leave at 14 years of age, have obtained employment in factories, and 1 remained at home to help with the housework. Of the others who had not reached leaving age, 3 were discharged as being incapable of receiving further benefit from the instruction, 2 were removed

to Barr Colony, and 1 re-entered the R.C. School at Wednesbury. Four Physically Defective cases are in attendance.

As in the previous year the Education Committee has made a grant towards the cost of the mid-day meal, and during 1933 over 2,300 hot meals have been provided at the cost of 3d. each. Commencing in October, a weekly diet sheet was introduced and a rest period of 15—20 minutes instituted. Six children have received Free Milk during the year.

Seventeen children were examined at the Routine Medical Inspection, and 49 at the Dental Inspection. The re-examination of pupils as to their mental condition has been continued as in previous years.

Once more I would draw the attention of the Committee to the fact that the children are drawn from all parts of the Borough and, for very obvious reasons, it is highly desirable that some means of transport should be provided by the Authority for pupils attending this school.

#### **XIV.—FULL-TIME COURSES OF HIGHER EDUCATION FOR BLIND, DEAF, DEFECTIVE AND EPILEPTIC STUDENTS.**

The Education Committee has not dealt with an adult blind, deaf or epileptic person during 1933.

An adult who lost his eyesight while following his occupation was sent to the Birmingham Royal Institution for the Blind in 1930, and is now employed in the workshop at the Institution.

#### **XV.—NURSERY SCHOOLS.**

As has been stated in previous Reports, there are no Nursery Schools in the Borough.

#### **XVI.—SECONDARY SCHOOLS AND OTHER INSTITUTIONS OF HIGHER EDUCATION.**

##### **(a) The Municipal Secondary School.**

This is a mixed school and the ages of the pupils range from 11 to 18 years. At the end of the year there were 241 boys, and 208 girls on the rolls.

##### **b) The Kenrick Technical College.**

This is a boys' school and the ages range from 13 to 15 years. The number on the roll at the end of the year was 41.



(c) **The Ryland Memorial School of Arts and Crafts.**

There is a Junior Art Department for full-time day pupils at this school. It is a mixed school and the ages of the pupils in this department range from 12 to 17 years. The number on the roll at the end of the year was 60; 28 boys and 32 girls.

**I.—Medical Inspection.**

The arrangements were similar to the previous year. Details of the number of pupils examined and the number and character of the defects found are shown in Table II., page 43.

**II.—Medical Treatment.**

The Authority does not generally provide any forms of treatment for children attending these schools. Necessitous cases are, however, occasionally treated at the Ophthalmic Clinic, and glasses provided at contract prices under the Authority's scheme. The cost of the glasses is recovered from the parent. Four such cases were dealt with during the year. In addition, 3 pupils received Dental Treatment.

Further, the attention of the Supervisors of Physical Education is drawn to defects such as flat feet and postural defects which are amenable to treatment by special exercises.

## **XVII.—PARENTS' PAYMENTS.**

- (a) 1. **Orthopædic Treatment, Out-patient and In-patient.**  
 2. **Operative treatment for Tonsils and Adenoids.**

Charge is made for treatment in accordance with family income and collection of contributions is in the hands of the Borough Treasurer.

(b) **Spectacles and Dental Fees.**

The actual cost of spectacles is charged to parents, but financial assistance is given in necessitous cases. Payments are made at the Central School Clinic; arrears are passed over quarterly to the Borough Treasurer for collection.

Dental fees are charged, except in necessitous cases, at the rate of 3d. per visit and payments are made by the parents or children at the time of treatment.

The following are the amounts received during the year :

					£	s.	d.
Tonsils and Adenoids	...	...	...	...	64	0	0
Spectacles	...	...	...	...	133	11	9
Dental	...	...	...	...	32	19	6

### **XVIII.—HEALTH EDUCATION.**

Sir George Newman has said “ the impairment of the physique of the human body is the impairment of the intellectual and moral fibre, and the body is the tabernacle of the spirit of man.” This truism expressed more simply as “ a healthy mind in a healthy body,” is an ideal which has been recognised since early times. That physical exercises, swimming and out-door games now form an essential part of the curricula in schools, indicates that we fully appreciate that far-reaching results accrue from the practical application of this fundamental principle. Much has been done, but much remains to be done, and Education is the essential factor in any forward movement we may contemplate.

In these days of overcrowded curricula, the teaching staffs in the schools are doing magnificent work in this direction. It has been our experience that much depends on the Head Teacher in inspiring the staff with the necessity for inculcating the early principles of personal and community hygiene.

As an example of what initiative and enthusiasm can accomplish, I would refer you to the report by Miss West, Headmistress of Hill Top Infants' School, on the teaching of Dental Hygiene, which appears on page 34.

The revised Syllabus of Physical Training issued by the Board of Education in October was forwarded to each Head Teacher.

Among the many methods of Health Education, is the day by day teaching by the School Nurses, who also act as Health Visitors. During the year this work continued on the usual lines.

Articles have been printed from time to time throughout the year in the “ Better Health Journal,” which is issued monthly by the Public Health Department.

A Dental Exhibition was held on the 22nd and 23rd May, 1933, at the following schools: Beeches Road, Bratt Street, Black Lake, Guns Village, Lyng, and Holy Trinity, when demonstrations were given by Miss J. Raxworthy, Demonstrator for the Dental Board of the United Kingdom, in the methods and practice of Dental Hygiene.

Grateful acknowledgment is made to the services rendered throughout the year by the local Press in this connection.



## XIX.—SPECIAL INQUIRIES.

### RADIOLOGY AND HEART DISEASE IN CHILDREN.

By E. HUGHES, M.B., Ch.B., D.P.H., Assistant School  
Medical Officer.

During the last twelve months an attempt has been made to investigate the value of radiology in the diagnosis of heart disease amongst the school children of the Borough.

Clinicians are aware that it is extremely difficult to gauge the exact size and shape of the heart by the routine methods of percussion and palpation. Owing to the fact that the heart lies obliquely within the chest cavity and also owing to its intrinsic movements occasioned by pulsation and respiration, the old conception of it as a flat surface applied to the front of the chest wall is, obviously, erroneous. It has long been recognised that the so-called areas of superficial and deep cardiac dullness may be quite misleading.

In children it is found most difficult to gauge the exact size of the heart or, what is more important, to tell when it is slightly enlarged. The recognition of gross degrees of cardiac enlargement is fairly simple but there is need for more accurate differentiation of the hearts that are less abnormal and associated with an earlier stage of the pathological process. This is the period when there is a possibility of retarding any advance of the condition.

Many writers, especially on the Continent and in America, have studied the value of X-rays in heart disease and they claim that it gives us the information which we seek. They have elaborated a series of measurements by which slight degrees of cardiac enlargement may be detected. The three most important measurements are: (1) the transverse diameter, or width of the heart shadow. (2) the area of the frontal heart silhouette. (3) the auriculo-ventricular ratio.

It is possible, by means of various formulæ and tables to calculate what these measurements should be in a normal person for any given combination of age, height and weight, so that if the predicted normal measurements are known for any film then it is possible to find out whether the actual measurements exceed this—or, in other words, we have a numerical index of cardiac enlargement.

In the present series, 43 cases of Rheumatic Heart Disease were X-rayed, with a series of controls, at Hallam Hospital.



The films were taken at a distance of 6 feet, under certain specified conditions. It is assumed that at a distance of 6 feet the rays are parallel and that very little distortion takes place, and this can be corrected by certain deductions.

The measurements described above were taken. It was found that, even allowing for a 10 per cent. experimental error, the transverse diameter of the heart exceeded the predicted measurement in 28 cases and that the heart silhouette area exceeded the normal in 32 cases.

By clinical examination 18 cases showed enlargement of the heart and in only 5 of these was the apex situated outside the nipple line. In 4 of these 5 latter cases right-sided enlargement was demonstrable clinically.

Thus it was found by the one method of radiological measurement that 65 per cent. of the cases had cardiac enlargement and by the other method that 74·7 per cent. of the hearts were enlarged. The latter figure probably gives the more accurate index of the incidence enlargement. Clinical examination revealed enlargement in 41·8 per cent. cases. Radiological examination also demonstrated that 11 cases showed well marked auricular enlargement, a fact that cannot be demonstrated by clinical examination.

Thus it will be seen that X-ray does afford considerable help in our study of heart disease. Indeed, the result of the X-ray findings have made us modify our opinion of many of the cases.

In addition, radiology has proved a definite help in the diagnosis of congenital heart disease. When one meets these cases for the first time in a child of school age it is sometimes difficult to decide whether the lesion is a congenital one or whether it is of Rheumatic nature, having come on without any other Rheumatic manifestation.

Twelve cases of congenital heart disease were X-rayed. Five films showed the heart to be within normal limits and in 5 others the pulmonary cone was more prominent than usual. This latter group included 2 cases about which we were in doubt as a result of the clinical examination.

The above is a brief account of the work that has been done in West Bromwich on radiological investigation of heart disease and it is a good example of the benefit that can result from co-ordinating the various branches of the Public Health Service.

**XX.—MISCELLANEOUS.****(1) Employment of Children.**

The following Table gives particulars of licences and registrations for the Year 1933:—

**(a) EMPLOYED CHILDREN (12-14).**

No. of Registrations:	Boys.	Girls.	Total
-----------------------	-------	--------	-------

Delivery of Newspapers or Milk ...	85	—	85
------------------------------------	----	---	----

Errands and Light Duties ...	27	—	27
------------------------------	----	---	----

Child Performers ...	—	—	—
----------------------	---	---	---

No. of Licences surrendered:	Boys.	Girls.	Total
------------------------------	-------	--------	-------

Newspapers or Milk Delivery ...	60	—	60
---------------------------------	----	---	----

Errands, etc. ...	15	—	15
-------------------	----	---	----

**(b) STREET TRADING BY YOUNG PERSONS.**

No. of Licences issued ...	5	—	5
----------------------------	---	---	---

No. of Licences surrendered ...	5	—	5
---------------------------------	---	---	---

**(c) INVESTIGATING PATROLS.**

No. of Patrols undertaken ...	...	...	45
-------------------------------	-----	-----	----

No. of Offences reported ...	...	...	34
------------------------------	-----	-----	----

No. of Letters (Warning Notices) ...	...	...	16
--------------------------------------	-----	-----	----

No. of Offenders interviewed ...	...	...	18
----------------------------------	-----	-----	----

**(d) PROSECUTIONS.**

Legal prosecutions were undertaken against three employers for illegally employing in Street Trading, children who were under the required age specified in the Bye-Laws.

**(e) MEDICAL INSPECTION.**

One child was examined during the year by a School Medical Officer under Section 15, of the Education Act, 1918.

**(2) An Account of Dental Hygiene as practised in Hill Top Infants' School.**

By MISS GERTRUDE WEST, Head Mistress.

I have been asked to give an account of what is being done in this school to encourage our children to take proper care of their teeth.

To give an adequate impression of the work, I must go back several years and describe the beginnings of Dental Hygiene, for in this as in other branches of this Social Experiment, being content to start in a very small way, with inadequate apparatus, enabled us to progress in easy stages, to our present condition of full equipment and easy running.



The work began to take shape six years ago, when we seemed to have an unusually large number of children with unhealthy mouths. We thought the only thing we could do was to have teeth-cleaning charts in each class, registering every child as a teeth-cleaner who brought his toothbrush for inspection. Before these lists were superseded they contained nearly every name in the class and yet proved nothing! Two things were happening of which we only gradually became aware. The same brush often came to school several times in the hands of different children, and often too, it was "Daddy's brush" and unwrapped at that.

This method had to be exchanged for a better scheme. We began to equip the lowest (entrant) Nursery Class, for the exercise of Dental Hygiene in school. It was difficult with only 4 fixed lavatory basins. Small enamel bowls and gaily coloured enamel jugs were purchased to supplement the fixtures, a set of pigeon-holes to house towels, mugs, etc., were made by a local carpenter, and the exercise became in the lowest class a daily lesson. Within three months these children were to be transferred to the next class. To stop the activity before it had become a well-formed habit would have been disastrous, and so it seemed right to equip the next class to carry on the work thus begun. At the end of the second class even, we did not feel justified in calling a halt when the habit was not yet definitely established.

The work of equipment was now continued through the school in stages, and in less than two years all the eight classes were practising Dental Hygiene as a time-table lesson. Where possible it followed lunch. At this time nearly every class had 60 on roll, and in consequence supervision was very difficult.

At the end of two years we were obliged to pause and consider. In the upper classes it was obvious that time could not be spared from 3 R's for this object. By this time all the children were changing shoes each morning on arrival. Could they squeeze in teeth-cleaning, too? It was worth trying. We suggested to the children earlier arrival, circularized all the parents, and prepared all the apparatus the afternoon before. To our great satisfaction they all began to arrive earlier, and it has been kept up. Now for two years teeth-cleaning has been completed by 9-5 a.m. except for a handful of late-comers.

It is obvious that the initial cost of equipment for 400 children would be heavy, and it was. In the first instance, two lavatories were adopted, pigeon holes were erected, and the walls painted and enamelled white. The staff did all the painting themselves to save expense, and we have to thank a kind manual instructor for making the pigeon-holes. Each



child needs at least four toothbrushes and four towels, to say nothing of dental cream, during his stay in this department. Washing has been a considerable item. At one time 800 towels were in use. Each towel had to be marked with a class identification colour. Eight hundred! Happily the washing is now done by the parents free of cost, and the running expenses have diminished accordingly.

We have been fortunate in receiving gifts of dentifrice from two or three firms in considerable quantities. Brushes and white lino, and paint continue to drain our resources.

There have been and still are difficulties to encounter. Only cold water is available. In the winter this very often starts a decayed tooth aching; thereby lessening the pleasure of the exercise—a pleasure we are anxious to preserve. Lavatory accommodation is so inadequate that provision had to be made in the classroom for the work, necessitating the removal of all bowls, jugs, etc., daily. Money is conspicuous by its absence when required.

A high degree of cleanliness for all apparatus is most necessary, and is difficult to attain when dealing with such large numbers. The children have been taught to clean all enamel ware themselves, and this they do weekly. Brushes are then passed through a disinfecting solution.

Hoping ultimately to make the practise of Dental Hygiene the concern of the parent and not of the teacher, we extended the scheme to include provision for the exercise at home. For the past three years every child on admission to school has been supplied with two brushes, the parent buying one and a tube of cream for use at home at night. It is hoped that by the end of two years when teeth-cleaning in school ceases, it will still go on in the home. It is encouraging to note that in one solitary instance only, has a parent been known to refuse to buy a brush—a proof that these parents are realising their own responsibilities more and more. The brushes are purchased at wholesale prices, making it possible to sell cheaply to the parents. I wish we could report more frequent sales to the mothers during the child's passage through the school. So far we find very few making a second purchase.

The problem of how to store equipment in those classes which lack lavatory accommodation became a pressing one. At first each child was given a small box which was kept under the desk. But more modern furniture has superseded the desks, and small individual lockers became necessary. Each locker has a dividing shelf, and an identification picture and number and holds tooth-brush, towel, mug, and a brush and comb.



TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1933.

Defect or Disease.  (1)	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment  (2)	Requiring to be kept under observation but <i>not</i> requiring treatment.  (3)	Requiring Treatment  (4)	Requiring to be kept under observation but <i>not</i> requiring treatment.  (5)
Malnutrition ... ..	48	55	101	—
Uncleanliness ... .. (See Table IV., Group VI.)	—	—	—	—
Skin—				
Ringworm—				
Scalp ... ..	4	—	—	1
Body ... ..	1	—	14	2
Scabies ... ..	1	—	9	—
Impetigo ... ..	12	—	163	—
Other Diseases (Non-Tuberculosis)	21	7	324	18
Eye—				
Blepharitis ... ..	48	1	24	1
Conjunctivitis ... ..	12	—	68	—
Keratitis ... ..	—	—	—	—
Corneal Opacities ... ..	—	1	—	1
Defective Vision (excluding Squint)	272	8	152	1
Squint ... ..	70	6	19	—
Other Conditions ... ..	38	4	88	3
Ear—				
Defective Hearing ... ..	17	4	3	7
Otitis Media ... ..	13	3	14	—
Other Ear Diseases ... ..	10	2	255	4
Nose and Throat—				
Chronic Tonsillitis only ... ..	142	215	34	6
Adenoids only ... ..	27	21	6	1
Chronic Tonsillitis and Adenoids	147	34	64	—
Other Conditions ... ..	50	20	263	68
Enlarged Cervical Glands—				
Non-Tuberculous ... ..	48	92	24	12
Defective Speech ... ..	—	11	—	—
Teeth—				
Dental Diseases ... .. (See Table IV., Group V.)	552	—	70	1
Heart and Circulation—				
Heart Disease—				
Organic ... ..	—	10	1	18
Functional ... ..	—	3	—	—
Anæmia ... ..	27	52	44	12
Lungs—				
Bronchitis ... ..	8	163	55	20
Other Non-Tuberculous Diseases	3	2	8	27
Tuberculosis—				
Pulmonary—				
Definite ... ..	1	3	—	—
Suspected ... ..	—	8	—	10
Non-Pulmonary—				
Glands ... ..	1	5	1	—
Bones and Joints ... ..	—	3	—	1
Skin ... ..	1	—	—	—
Other Forms ... ..	1	2	—	1
Nervous System—				
Epilepsy ... ..	—	1	—	7
Chorea ... ..	2	3	8	7
Other Conditions ... ..	1	2	5	12
Deformities—				
Rickets ... ..	—	—	—	2
Spinal Curvature ... ..	29	12	—	—
Other Forms ... ..	13	14	18	6
Other Defects and Diseases ... ..	12	33	675	260

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group.  (1)	Number of Children.		Percentage of Children found to require treatment.  (4)
	Inspected.  (2)	Found to require treatment.  (3)	
Code Groups—			
Entrants ... ..	1,209	222	18.3
Intermediates ... ..	1,356	308	22.7
Leavers ... ..	1,583	385	24.3
Total (Code Groups) ... ..	4,148	915	22.0

Other Routine Inspections ... None



TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

			Boys	Girls	Total
Blind Children	Suitable for training in a School for the totally blind	At Certified Schools for the Blind ... ..	1	1	2
		At Public Elementary Schools ... ..	—	—	—
		At other Institutions ... ..	—	—	—
		At no School or Institution ... ..	—	—	—
Partially Blind Children	Suitable for training in a School for the partially blind	At Certified Schools for the Blind ... ..	—	—	—
		At Certified Schools for the Partially Blind ... ..	—	—	—
		At Public Elementary Schools ... ..	—	4	—
		At other Institutions ... ..	—	—	—
Deaf Children	Suitable for training in a School for the totally deaf or deaf and dumb	At no School or Institution ... ..	—	—	—
		At Certified Schools for the Deaf ... ..	5	4	9
		At Public Elementary Schools ... ..	—	—	—
		At other Institutions ... ..	—	—	—
Partially Deaf Children	Suitable for training in a School for the partially deaf	At no School or Institution ... ..	—	—	—
		At Certified Schools for the Deaf ... ..	—	—	—
		At Certified Schools for the Partially Deaf ... ..	—	—	—
		At Public Elementary Schools ... ..	—	—	—
Mentally Defective Children	Feeble-minded	At other Institutions ... ..	1	—	1
		At no School or Institution ... ..	—	—	—
		At Certified Schools for Mentally Defective Children ... ..	28	22	50
		At Public Elementary Schools ... ..	23	11	34
Epileptic Children	Suffering from severe epilepsy	At other Institutions ... ..	—	1	1
		At no School or Institution ... ..	10	12	22
		At Certified Schools for Epileptics ... ..	—	—	—
		At Public Elementary Schools ... ..	—	—	—
A. Tuberculous	Pulmonary tuberculosis (including pleura and intrathoracic glands)	At other Institutions ... ..	—	—	—
		At no School or Institution ... ..	1	3	4
		At Certified Special Schools ... ..	—	—	—
		At Public Elementary Schools ... ..	16	10	26
	Non-Pulmonary Tuberculosis	At other Institutions ... ..	1	1	2
		At no School or Institution ... ..	2	2	4
		At Certified Special Schools ... ..	1	2	3
		At Public Elementary Schools ... ..	9	8	17
B. Delicate Children	Delicate Children, <i>i.e.</i> , all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open-Air School	At other Institutions ... ..	2	—	2
		At no School or Institution ... ..	1	2	3
		At Special Schools ... ..	—	—	—
		At Public Elementary Schools ... ..	122	94	216
C. Crippled Children	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At other Institutions ... ..	—	—	—
		At no School or Institution ... ..	1	1	2
		At Special Schools ... ..	—	—	—
		At Public Elementary Schools ... ..	23	21	44
D. Children with Heart Disease	Children with heart disease, <i>i.e.</i> , children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school	At other Institutions ... ..	—	1	1
		At no School or Institution ... ..	2	—	2
		At Special Schools ... ..	—	—	—
		At Public Elementary Schools ... ..	25	21	46

TABLE III.—*continued*.  
DETAILS OF CASES OF MULTIPLE DEFECT.

Combination of Defects.	Type of School (if any) attended.	Boys	Girls	Total
Mental Defect (Feeble-minded) and Crippling ... ..	Certified School for Mentally Defective Children	2	—	2
Mental Defect (Feeble-minded) and Crippling ... ..	At Public Elementary School ... ..	1	—	1
Mental Defect (Feeble-minded) and Crippling ... ..	At no School ... ..	1	1	2
Mental Defect (Feeble-minded) and Heart Disease ... ..	Certified School for Mentally Defective Children	1	1	2
Mental Defect (Feeble-minded) and Epilepsy ... ..	At no School ... ..	1	—	1
		6	2	8

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31ST DECEMBER, 1933.

## TREATMENT TABLE.

*Group I.—Minor Ailments* (excluding Uncleanliness, for which see Group VI.)

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
<i>Skin—</i>			
Ringworm-Scalp ... ..	4	—	4
Ringworm-Body ... ..	13	2	15
Scabies ... ..	3	7	10
Impetigo ... ..	167	4	171
Other skin disease ... ..	188	12	200
<i>Minor Eye Defects</i> ... .. (External and other, but excluding cases falling in Group II.).	252	2	254
<i>Minor Ear Defects</i> ... ..	206	3	209
<i>Miscellaneous</i> ... .. (e.g., minor injuries, bruises, sores, chilblains, etc.).	1423	28	1451
Total ... ..	2256	58	2314

TABLE IV.—*continued.*

Group II.—*Defective Vision and Squint* (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Defect or Disease.  (1)	No. of Defects dealt with.			
	Under the Authority's Scheme.  (2)	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme.  (3)	Otherwise.  (4)	Total.  (5)
Errors of Refraction (including Squint). (Operations for squint should be recorded separately in the body of the Report).	664	16	—	680
Other Defect or Disease of the Eyes (excluding those recorded in Group I.).	1	—	2	3
Total ... ..	665	16	2	683

Total number of children for whom spectacles were prescribed :—									
(a) Under the Authority's Scheme	...	...	...	...	...	...	...	...	503
(b) Otherwise	...	...	...	...	...	...	...	...	16
Total number of children who obtained or received spectacles :—									
(a) Under the Authority's Scheme	...	...	...	...	...	...	...	...	485
(b) Otherwise	...	...	...	...	...	...	...	...	16

Group III.—*Treatment of Defects of Nose and Throat.*

Number of Defects.				
Received Operative Treatment.			Received other forms of Treatment.  (4)	Total Number treated.  (5)
Under the Authority's Scheme, in Clinic or Hospital.  (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme.  (2)	Total.  (3)		
154	8	162	145	307

Group IV.—*Orthopaedic and Postural Defects.*

Under the Authority's Scheme.  (1)				Otherwise  (2)			Total Number Treated
Residential Treatment with Education  (i)	Residential Treatment without Education  (ii)	Non-Residential Treatment at an Orthopaedic Clinic  (iii)		Residential Treatment with Education  (i)	Residential Treatment without Education  (ii)	Non-Residential Treatment at an Orthopaedic Clinic  (iii)	
Number of Children Treated	2	4	13	1	—	2	20



*Group V.—Dental Defects.*

(1) Number of Children who were:—

(a) Inspected by the Dentist:

(a) Inspected by the Dentist.					
	Routine Age Groups	Aged	5	...	None
			6	...	1145
			7	...	1255
			8	...	1312
			9	...	1062
			10	...	7
			11	...	1346
			12	...	10
			13	...	1369
			14	...	3
				Total	...
					7503
Specials	...	...	...	...	...
				Grand Total	...
					7643
(b)	Found to require treatment	...	...	...	...
(c)	Actually treated	...	...	...	...
(2)	Half-days devoted to Inspection	97		Total	...
	Treatment	341			438
(3)	Attendances made by children for treatment	...	...	...	...
(4)	Fillings Permanent teeth	429		Total	...
	Temporary teeth	368			797
(5)	Extractions Permanent teeth	808		Total	...
	Temporary teeth	4276			5084
(6)	Administrations of general anaesthetics for extractions	...	...	...	...
(7)	Other operations Permanent teeth	929		Total	...
	Temporary teeth	334			1263

*Group VI.—Uncleanliness and Verminous Conditions.*

(i.) Average number of visits per school made during the year by the School Nurses	3
(ii.) Total number of examinations of children in the Schools by School Nurses ...	43788
(iii.) Number of individual children found unclean ... ..	1746
(iv.) Number of children cleansed under arrangements made by the Local Education Authority ... ..	5
(v.) Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1921 ... ..	None
(b) Under School Attendance Byelaws ... ..	None

## SECONDARY SCHOOLS.

TABLE I.

RETURN OF MEDICAL INSPECTIONS IN SECONDARY SCHOOLS FOR THE YEAR ENDED 31ST  
DECEMBER, 1933.

### A.—ROUTINE MEDICAL INSPECTIONS.

Age	...	...	11	12	13	14	15	16	17	18	19	Total
Number	Inspected		70	2	132	69	87	2	29	—	8	399

### B.—OTHER INSPECTIONS.

[illegible]

TABLE II.  
A.—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION, 1933.

Defect or Disease.  (1)	Routine Inspections.			
	Boys.		Girls.	
	Requiring Treatment (2)	For Observation (3)	Requiring Treatment (4)	For Observation (5)
Malnutrition ... ..	—	16	—	—
Uncleanliness :—Head ... ..	—	—	—	—
Body ... ..	—	—	—	—
Skin :—				
Ringworm—				
Head ... ..	—	—	—	—
Body ... ..	—	—	—	—
Scabies ... ..	—	—	—	—
Impetigo ... ..	—	—	—	—
Other Conditions ... ..	—	2	1	—
Eyes—				
Blepharitis ... ..	1	—	1	—
Conjunctivitis ... ..	—	—	—	—
Corneal Ulceration ... ..	—	—	—	—
Defective Vision—				
6/9 ... ..	—	—	1	—
6/12—6/24 ... ..	25	1	24	—
6/36 or over ... ..	—	—	3	—
6/36 or over (both eyes) ... ..	—	—	—	—
Squint ... ..	—	—	—	1
Ears—				
Defective Hearing ... ..	—	—	—	—
Otitis Media ... ..	—	—	—	—
Other Diseases ... ..	3	—	—	—
Nose and Throat—				
Chronic Tonsillitis ... ..	—	9	3	5
Adenoids ... ..	1	—	—	—
Chronic Tonsillitis and Adenoids ... ..	—	—	—	—
Other Conditions ... ..	—	10	—	—
Glands—				
Enlarged Cervical and Submax ... ..	1	—	—	—
Defective Speech ... ..	—	—	—	—
Teeth ... ..	91	—	56	—
Heart and Circulation—				
Heart—Organic ... ..	—	—	1	1
Functional ... ..	—	—	—	—
Anæmia ... ..	4	—	3	—
Lungs—				
Bronchitis ... ..	—	—	—	—
Other Non-tubercular Diseases ... ..	—	—	—	—
Tuberculosis—				
Pulmonary—				
Definite ... ..	—	—	—	—
Suspected ... ..	—	—	—	—
Non-Pulmonary—				
Glands ... ..	—	—	—	—
Spine ... ..	—	—	—	—
Hip ... ..	—	—	—	—
Other Bones and Joints ... ..	—	—	—	—
Other Forms ... ..	—	—	—	—
Nervous System—				
Subnormal Intelligence ... ..	—	—	—	—
Epilepsy ... ..	—	—	—	—
Chorea ... ..	—	1	—	—
Other Diseases ... ..	—	—	2	—
Signs of Overstrain ... ..	—	—	—	—
Deformities—				
Rickets ... ..	—	—	—	—
Spinal Curvature ... ..	1	1	4	2
Other Forms ... ..	—	5	1	5
Other Diseases and Defects—				
Goitre ... ..	1	—	—	—
Digestion ... ..	—	—	—	—
Constipation ... ..	—	—	—	—
Rheumatism ... ..	—	—	—	—
Other Conditions ... ..	—	1	—	—

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group.  (1)	Number of Children.		Percentage of Children found to require treatment.  (4)
	Inspected. (2)	Found to require treatment. (3)	
Detailed Inspections ... ..	399	81	20.3

